and Since			Application Number	10/680,959	it displays a valid OMB control number.				
TDANCASITTAL			Filing Date	October 7,	2003				
	TRANSMITTAI	First Named Inventor	KNOX, SUS	SAN JANE					
	FORM	Group Art Unit	1651	1651					
	(to be used for all correspondence after in	Examiner Name	KOSSON, F	KOSSON, ROSANNE					
	Total Number of Pages in This Submiss	ion 8	Attorney Docket Number	STAN-274					
			ES (check all that apply	y)					
	Fee Transmittal Form Credit Card Form PTO-2038 Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Documents Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Contact Cont	ing-related Papers n n to Convert to a ional Application of Attorney, Revocation ie of Correspondence		After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Postcard				
	SIGNA	TURE OF APPL	ICANT, ATTORNEY, C	OR AGENT	·				
Signing Attorney/Agent (Reg. No.) PAMELA J. SHERWOOD, 36,677 BOZICEVIC, FIELD & FRANCIS, LLI			•						
Signatur									
Date		ly 6, 2005							

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es pursuant to the Co	Application Number 10/68			80,959									
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	For FY 2			First Named Inve	entor	KNOX,	SUSAN JA	NE					
· · · · · · · · · · · · · · · · · · ·	Examiner Name		KOSSON, ROSANNE										
Applicant claims	Art Unit 1651												
TOTAL AMOUNT O	F PAYMENT	(\$) = 760	2	Attorney Docket	No.	STAN-	274						
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order Other (please identify):													
Deposit Account Deposit Account Number: 50-0815 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing													
		s) or underpayments o	of fee(s)	Credit any o	verpayr	nents							
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Application Type	Eog (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (nall Entity Fee (\$)	Fees Paid (\$)					
Utility	<u>Fee (\$)</u> 300	150	500	250	200		100	10031414 (4)					
Design	200	100	100	50	130)	65						
Plant	200	100	300	150	160)	80						
Reissue	300	150	500	250	600)	300						
Provisional	200	100	0	0	0		0						
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Multiple dependent claims <u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u>				Fee Paid (\$)		Itiple Dependent Claims Fee (\$) Fee Paid (\$)							
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3. APPLICATION If the specification a for each add. Total Sheets	nd drawings ex		of. See	35 U.S.C. 41(a) h additional 50 o	(1)(G) <u>r fracti</u>	and 37 (on thereo	CFR 1.16(s) of <u>Fee (\$)</u>	l entity)). <u>Fee Paid (\$)</u>					
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4. OTHER FEE(S)		130 faa (no small ont	ity disaa	unt)				1001 010 (4)					
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SUBMITTED BY	/)												
Signature	tration No. ley/Agent) 36,677				(650) 327-3400								
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Name (Print/Type) Pamela J/Sherwood

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